V. S. No. 2
DM—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36393

State File No. 9788

FILED NOV 18 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 321 Horn Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

096 0 0 NR

3. (a) PRINT FULL NAME AUGUSTA P. GLATZEL

3. (b) If veteran, name war ------ 3. (c) Social Security No. ---------

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Glatzel 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 19 (Day) 1860 (Year)

8. AGE: Years 83 Months 7 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Ernest Kuhnel
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Max Glatzel-Son
(b) Address 3939 California Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11--9-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) NOV 8 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th year 1943 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from June 2, 1943, to Nov. 6, 1943 that I last saw her alive on Nov. 6, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac collapse	2 days
Due to chronic myocarditis	yrs
Due to	
Other conditions Ca of Sigmoid (Include pregnancy within 3 months of death)	6 to 8 mos

Major findings:
Of operations —
Of autopsy —

46

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? — (e) Means of injury

23. Signature Ernest D. Creubus (M. D. or other)

Address 748 Lemay Ferry Rd Lemay, Mo. Date signed 11/6/43

(Licensed Embalmer's Statement on Reverse Side)

748 Lemay Ferry Road.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 7814 So. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.